

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

10796866

FILING DATE

3-9-04

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		9				
11		1				
12		10				
13		10				
14		1				
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49						
50						
TOTAL IND.	1					
TOTAL DEP.	39					
TOTAL CLAIMS	40					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.						
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TOTAL CLAIMS						